Performance

Report

**1800 951 822**

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| Name of service: | Aubrey Downer Aged Care Home |
| Service address: | 23 Sunnyside Avenue POINT CLARE NSW 2250 |
| Commission ID: | 0137 |
| Approved provider: | Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 May 2023 to 19 May 2023 |
| Performance report date: | 21 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aubrey Downer Aged Care Home (the service) has been prepared by A. Douglas, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.
* the provider’s response to the assessment team’s report received on 13 June 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(a) - Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* Requirement 4(3)(b) - Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Requirement 4(3)(c) - Services and supports for daily living assist each consumer to:
  1. participate in their community within and outside the organisation’s service environment; and
  2. have social and personal relationships; and
  3. do the things of interest to them.
* Requirement 4(3)(e) – Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff valued their identity, culture, and diversity. Care documents contained information about each consumer’s identity and culture. The service had policies, procedures, and guidelines to guide staff in delivering care according to consumers’ cultural and religious preferences. However, the Assessment Team provided evidence to support a finding that the service did not adequately support each consumer’s emotional, spiritual, and psychological well-being. For more information, refer to Requirement 4(3)(b).

Consumers said the service delivered care in line with their needs, preferences, culture, values, and diversity. Staff described the process in place to identify each consumer’s culture and background and explained how this influenced the delivery of care and services. The service had policies to guide staff in delivering culturally safe care.

Consumers said the service supported them to maintain relationships and make decisions about how their care is delivered. Staff described how they supported consumers to maintain communication with their family and friends. Care documents included contact details for each consumer’s representatives, and specified their level of involvement in the consumer’s care.

Consumers said the service supported them to take risks and exercise choice. Staff supported consumers by helping them understand the possible harm in taking risks and helping to mitigate harmful effects. Care documents contained information about the risks consumers chose to take and mitigation strategies which were in place.

Consumers said the service communicated information which was timely and easy to understand. Staff utilised several channels to communicate with consumers and their representatives, such as notice boards, telephone, and email. The service had a range of hardcopy information available for consumers at various locations around the service.

Consumers said staff respected their privacy, and the service kept their information confidential and secured. Staff were observed maintaining consumer’s privacy when providing care. The service had an up to date privacy and confidentiality policy and procedure which aligned with staff practice during the Site Audit.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers said the service’s assessment and planning processes considered risks to their health and well-being. Staff were aware of the service’s care planning processes and how they informed safe and effective care delivery. The service used validated risks assessment tools to inform care planning in various domains, including planning related to falls, nutrition, medications, and other areas.

Staff commenced conversations about advance care and end of life (EOL) planning during the service’s admission assessments. Consumers said the service had engaged them in advance care planning discussions and they had communicated their wishes for EOL care. Care documents contained information about what was important to consumers, and their individual needs and preferences.

Consumers said they were actively involved in the assessment, planning and review of their care. The service had various methods to engage consumers and their representatives, such as case conference and resident of the day reviews. During the Site Audit, allied health staff attended to consumers.

Consumers said the service had offered them a copy of their care plan and they received regular updates from the service. Staff knew the service’s processes for documenting and communicating assessment outcomes to consumers and their representatives. Care documents included the outcomes of assessment and care planning, and this information had been communicated with consumers.

Consumers said the service regularly communicated with them when circumstances changed or incidents occurred. Staff demonstrated an awareness of circumstances which trigger a care plan review outside of the service’s 4-monthly review cycles. The service had reviewed all sampled care plans within the last 4 months.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they received effective personal and clinical care that was tailored to their needs, and optimised their health and well-being. Staff knew how to deliver care according to consumer’s care plans. Care documents contained evidence of safe and effective personal and clinical care. The service had a ‘clinical risk committee’ that helped to ensure the service delivered care consistent with best practice, according to each consumer’s care needs.

Consumers said the service assessed, explained, and managed risks to their well-being. Staff knew which consumers carried high impact and high prevalence risks, and how to support them to mitigate those risks. Care documents showed the service identified high impact and high prevalence risks, including strategies to mitigate them. The service had a range of clinical policies and procedures to manage high impact and high prevalence risks.

Consumers said they were confident the service would support them with EOL care when required. Staff explained their roles in providing EOL care to consumers to ensure comfort was maximised and dignity preserved. The service had an effective process in place to regularly monitor each consumer for deterioration.

Consumers said staff recognised and responded to changes in a consumer’s condition. Staff said they identified deterioration through a range of methods, including during day-to-day care delivery, care plan reviews, handovers, and the resident of the day program. Care documents contained evidence that staff identified and responded to deterioration or changes in consumer’s conditions.

Consumers said staff communicated information about their condition, needs, and preferences adequately. The service shared information on the ECMS with staff at the service and other health professionals, as applicable. Care documents included adequate information to support safe and effective information sharing.

Consumers said staff referred them to external providers promptly and appropriately to meet their care needs. Staff described how they made referrals to allied health professionals using the service’s process. Care documents showed staff made referrals to internal and external allied health professionals when appropriate.

Consumers said the service had effective infection prevention and management systems. Staff knew how to minimise infection, and clinical staff followed appropriate protocols for prescribing antibiotics. The service had an infection prevention and control lead who was responsible for infection control practices at the service. It also had a staff and consumer vaccination program and it maintained records for influenza and COVID-19 vaccinations.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended the service had not met four Requirements within Standard 4, including:

* Requirement 4(3)(a) - Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* Requirement 4(3)(b) - Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Requirement 4(3)(c) - Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

* Requirement 4(3)(e) – Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Requirement 4(3)(a):

The Assessment Team provided evidence to support a finding that consumers were not receiving effective services and supports for daily living that met the consumer’s needs, goals, and preferences and optimised their independence, health, well-being, and quality of life. All sampled consumers and representatives expressed dissatisfaction in relation to lifestyle activities at the service and confirmed the service did not have a lifestyle staff member appointed. Additionally, consumers and representatives said there were no lifestyle activities offered to consumers and care staff did not have time to provide lifestyle activities. Care staff confirmed they did not have time to assist consumers with lifestyle activities. The Assessment Team observed none of the activities in the lifestyle calendar occurred as scheduled during the Site Audit. At the time of the Site Audit, the service’s plan for continuous improvement (PCI) did not have an item addressing improvements to the deficits raised under Requirement 4(3)(a).

The service responded to these findings on 13 June 2023. In its response the service advised it took the following actions:

* Recruiting additional lifestyle staff members to facilitate the service’s lifestyle programs.
  + The service commenced a new Lifestyle Officer on 31 May 2023. This staff member covered activity programming for 2 days per week.
  + At 9 June 2023, the service had interviewed 2 other applicants and scheduled an interview for a third applicant.
* Review of the current lifestyle program to ensure the program met all consumer needs, preferences, and goals. This included:
  + Completing a lifestyle survey with 8 consumers to gain further feedback on activity preferences and spiritual support preferences.
  + Increasing the service’s lifestyle assessment and care plan completion rate from 41.1% on 28 March 2023, to 70.5% on 5 June 2023.
  + Conducting a staff education session facilitated by a Lifestyle & National Disability Insurance Scheme (NDIS) Coordinator on 6 June 2023. The session covered what activities might be meaningful for consumers.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response. While I acknowledge the service has taken appropriate action to address the deficits identified in the Site Audit report, I have also considered that many of the improvement actions are still in development or yet to be commenced. Specifically, the service is yet to recruit and develop an additional lifestyle staff member or complete a lifestyle assessment and care plan for a significant portion of the consumer cohort. Many of the improvement measures brought forward by the service will take time to establish and measure for effectiveness. On this basis, I find the service non-compliant with Requirement 4(3)(a).

Requirement 4(3)(b):

The Assessment Team provided evidence to support a finding that the service did not adequately provide services and supports for daily living which promoted each consumer’s emotional, spiritual, and psychological well-being. Consumers and their representatives said the service did not offer religious or spiritual activities. Management confirmed the service did not have church or religious supports scheduled at the service apart from an Anglican volunteer who visited the service on a casual basis. The service had equipment to facilitate online services however these supports were not offered to consumers. At the time of the Site Audit, the service’s PCI did not have an item addressing improvements to the deficits raised under Requirement 4(3)(b).

The service responded to these findings on 13 June 2023. In its response the service advised it took the following actions:

* Review of consumer cohort’s spiritual and religious preferences and needs. This included:
  + Reviewing consumer lifestyle care plans for spiritual and religious support preferences (incomplete as at 9 June 2023).
  + Engaging consumers through a lifestyle survey, which included a section on spiritual and religious preferences.
  + Scheduling additional non-denominational religious services into the service’s lifestyle program (incomplete as at 9 June 2023).
  + Coordinating access to the service’s iPads for consumers who wish to partake in video streaming of local church services, commencing from July 2023 (incomplete as at 9 June 2023).
* Engaging with local spiritual and religious services to canvas options for religious programs within the service. The specific actions within this item included:
  + Engaging local churches surrounding the service to commence developing a religious support program featuring services both within the service and off-site (incomplete as at 9 June 2023).
  + Engaging community volunteer services to develop supports for consumers’ emotional, spiritual and religious needs (incomplete as at 9 June 2023).
* Review of external consumer support services and outreach to ensure these services provide ongoing support (incomplete as at 9 June 2023).

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response. The Assessment Team’s evidence shows there were systemic deficiencies within the service concerning its provision of spiritual and religious supports. While the service has identified multiple actions intended to address the Assessment Team’s findings, many of the identified actions remain incomplete. In aggregate, the service’s response will take time to effect change. Based on this information, I cannot conclude the service has resolved the matters underpinning the Assessment Team’s findings. I have therefore formed the view that the service is non-compliant against Requirement 4(3)(b).

Requirement 4(3)(c):

The Assessment Team provided evidence to support a finding that the service did not provide adequate support to consumers who wished to engage in activities or access the community. All consumers provided feedback that they felt it was their responsibility to initiate and coordinate their own daily living activities and communications with people important to them. Management confirmed the service had not consistently supported consumers to participate in the community or engage in activities of interest. Management attributed these findings to the service’s lifestyle coordinator position remaining vacant and managing the impacts of COVID-19. At the time of the Site Audit, the service’s PCI did not have an item addressing the deficits raised under Requirement 4(3)(c).

The service responded to these findings on 13 June 2023. In its response the service advised it took the following actions:

* Facilitating a regular community bus outings program, guided by consumer feedback, including:
  + Coordinating various outings and events, such shopping trips, lunch or event outings (incomplete as at 9 June 2023).
  + The service conducted a lunch outing for consumers using a taxi service on the 23 May 2023 and received positive feedback from attendees.
* Forming connections with local community organisations to deliver activities that cater to consumers’ preferences, needs and goals (incomplete as at 9 June 2023)
* Partnering with consumers to review the service’s lifestyle program activities, including:
  + Completing a lifestyle survey, which included a section on consumers’ preferred lifestyle activities.
  + Seeking input and feedback from consumers during Resident and Relative Meetings to understand consumers’ preferences for lifestyle activities (incomplete as at 9 June 2023).
  + Ongoing lifestyle program development by the service’s Lifestyle Officers, with the support of Lifestyle & NDIS Coordinator (incomplete as at 9 June 2023).

I have considered the evidence within the Assessment Team’s report and the Approved Provider’s response. The Assessment Team’s evidence shows there were systemic deficiencies within the service concerning the support it provided to each consumer to access daily living activities. Following the Site Audit, the service identified multiple action items intended to address the Assessment Team’s findings. However, it will take time for changes within the service to become fully embedded. The service requires more time to develop their improvement actions and measure the effectiveness. Based on this information, I cannot conclude the service has resolved the Assessment Team’s findings. I have therefore formed the view that the service is non-compliant against Requirement 4(3)(c).

Requirement 4(3)(e):

The Assessment team provided evidence to support a finding that the service did provide referrals to advocacy support and other services relevant to Requirement 4(3)(e). Management confirmed they could not provide evidence of referrals to advocacy support services. At the time of the Site Audit, the service’s PCI did not have an item addressing the deficits raised under Requirement 4(3)(e).

The service responded to these findings on 13 June 2023. In its response the service advised it took the following actions:

* Providing additional information to consumers about available external support services, including:
  + Scheduling a representative from a service that supports seniors’ legal rights to present at a Resident and Relative Meeting on 20th June 2023.
  + Subscribing to various advocacy network newsletters, and making copies of these available for consumers and representatives (incomplete as at 9 June 2023).
* Engaging volunteer services to provide tailored supports for consumers (incomplete as at 9 June 2023).
* Reviewing consumers’ current scheduled outings and support needs for external providers, including amending their care plans as appropriate (incomplete as at 9 June 2023).

I have considered the evidence within the Assessment Team’s report and the Approved Provider’s response. The Assessment Team’s evidence shows there were systemic deficiencies within the service concerning its practices for referring consumers to advocacy services. Following the Site Audit, the service identified multiple actions intended to address the Assessment Team’s findings and commenced activity to progress these improvement measures. However, many of the improvement measures brought forward by the service will take time to establish and measure for effectiveness. I have therefore formed the view that the service is non-compliant against Requirement 4(3)(e).

I am satisfied the service is compliant with the remaining Requirements of Quality Standard 4.

Consumers said staff communicated their needs and preferences within the organisation and with external providers, where responsibility for care is shared. Staff captured information about changes to consumers’ needs and preferences in care documents and shared these updates during handover processes. During the Site Audit, staff used the service’s ECMS to gain information about consumers during care delivery.

Consumers said they enjoyed the meals at the service and confirmed they were varied and of suitable quantity and quality. The service sought consumers’ input as part of its Food, Nutrition and Mealtime experience meetings which were held monthly. During the site audit, the kitchens were observed to be clean and well-maintained.

Consumers said they felt safe when staff assisted them to use the service’s equipment. Staff said the service had sufficient equipment to enable them to deliver quality care, and they knew how to log maintenance requests if the need arose. The service had a process to prioritise maintenance issues and ensure maintenance staff actioned requests in a timely manner.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service was welcoming and easy to navigate. All outdoor areas at the service could be accessed independently by consumers, including the courtyard within the memory support unit. The service was clean, with adequate lighting and signage to optimise consumers’ navigation.

Consumers described the service as clean and well-maintained and the layout of the service facilitated easy access and movement between indoor and outdoor areas. The memory support unit had a large courtyard with a garden walk, raised garden beds and hillside views. The service had a dedicated cleaning schedule, which including cleaning communal and high-touch areas more frequently.

Consumers said the service’s equipment was clean, well-maintained, and suitable. All staff knew how to raise a maintenance request. The service had a preventative and reactive maintenance register which was up to date. During the site audit, the maintenance team attended to repairs and maintenance requests.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they felt comfortable raising their concerns and providing feedback to the service. They said they were aware of the feedback channels available to them, such as feedback forms, case conferences, or consumer and representative meetings. Staff reported that management took accountability for issues and confirmed they were consistent in handling complaints.

Consumers said they were aware of how to access external complaint channels, such as those connected with the Aged Care Quality and Safety Commission, advocates, and others. The service had a complaints management system which it used to manage, escalate, and respond to complaints. The service displayed information regarding its escalation pathways around the facility, including information about the Aged Care Quality and Safety Commission and various advocacy services.

Consumers said the service responded to feedback and addressed their concerns. The service documented all feedback and complaints and the actions it took in response. The complaints register contained information to show the service used open disclosure to resolve all complaints.

Consumers said the service used their feedback to improve care and services. The service had a process for analysing feedback and complaints and initiating care and service improvements. The service’s feedback and complaints register showed evidence of progress and outcomes pertaining to the service’s handling of feedback items.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said there were enough staff at the service, and they did not wait long when they activated their call bell or ask for assistance. Staff worked together to ensure they met consumers’ care needs. The service used clinical indicators and feedback from consumers and staff to set its staffing allocation.

During the site audit, staff interacted with consumers in a kind and caring manner. Consumers said staff were kind and respectful when providing care. Staff were aware of specific consumer’s preferences. Information in care documents aligned with feedback from staff and consumers.

Consumers said they felt staff were effective in their roles and they were confident staff could meet their care needs. The service’s parent organisation monitored staff at an organisational level to ensure they met the requisite qualification, registration, and criminal history standards. The service had an induction process, and welcome packs containing position duties lists and orientation modules to introduce staff to its policies, procedures, and other resources.

Consumers were confident the service had trained its staff to deliver the care they needed. Staff said they received various types of training, including orientation, training in core competencies, annual mandatory training, and others. The service provided agency staff with orientation before they commenced their shifts. Staff completed annual mandatory training for medication management, manual handling, fire evacuation and infection control practices.

Consumers said all staff were competent in their roles. The service had a 6-monthly probationary period for all new staff and completed performance reviews every second year. Staff demonstrated an awareness of the performance appraisal process and confirmed their participation. Staff appraisal records showed high levels of engagement between management and staff.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. The Assessment Team reviewed the Board meeting minutes and agenda items which included reports from each of the subcommittees, including quality and clinical governance and monthly audits. This information was used to identify wider trends and benchmarks across the organisation.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)